

**FAIRFAX COUNTY CIRCUIT COURT  
RESTRICTED OPERATOR'S LICENSE  
CIVIL**

**APPLICATION/WORKSHEET**

(THIS IS NOT THE COURT'S ORDER)

THIS INFORMATION IS STRICTLY FOR PREPARATION  
OF THE RESTRICTED LICENSE

**TO BE SUBMITTED TO THE COURT  
TEN DAYS PRIOR TO THE HEARING DATE**

**Law No.** \_\_\_\_\_

**PETITIONER  
VS  
COMMONWEALTH OF VIRGINIA**

**PETITIONER NAME:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**PETITIONER'S PHONE NUMBER:** \_\_\_\_\_ **PETITIONERS SOCIAL SECURITY NUMBER**

\_\_\_\_\_

**ADJUDICATED AS A HABITUAL OFFENDER ON:** \_\_\_\_\_

**ADJUDGED TO BE A HABITUAL OFFENDER BY:**

Division of Motor Vehicles: ☐ Circuit Court: ☐ \_\_\_\_\_

(Specify name of court)

**THIRD OFFENSE RESTORATIONS:**

**DIVISION OF MOTOR VEHICLES REVOKED OPERATORS LICENSE ON** \_\_\_\_\_

**PURSUANT TO VIRGINIA CODE §46.2-391(B)**

**NAME OF ATTORNEY  
REPRESENTING PETITIONER, if applicable:**

**ATTORNEY PHONE NUMBER**

\_\_\_\_\_

**IF THE COURTS GRANTS A RESTRICTED LICENSE PLEASE BE AWARE OF THE  
FOLLOWING:**

- ☐ **UPON ENTRY OF THE COURTS ORDER, THE CLERK MUST PREPARE A  
RESTRICTED LICENSE FORM TO BE ENTERED BY THE COURT.**
- ☐ **THE RESTRICTED LICENSE WILL NOT BE AVAILABLE TO BE PICKED UP ON  
THE DAY OF YOUR HEARING.**
- ☐ **UPON ENTRY OF THE RESTRICTED LICENSE ORDER BY THE JUDGE, A  
CLERK WILL CONTACT YOU TO SCHEDULE A DATE AND TIME FOR YOU  
TO PICK UP YOUR RESTRICTED LICENSE ORDER.**

**If you are requesting a restricted license, please complete this application. The application must be legible.**

Complete the identification data below:

RACE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR	DRIVERS LICENSE#	STATE

**The Petitioner makes application for the following :**

**EMPLOYMENT:**

Travel to or from place of employment by the most direct route:

YES ☐ NO ☐

If answer is Yes, please complete section C Employer name, hours and work location.

If you wish to travel during the hours of employment, please complete section C.

**PROGRAM**

(b) Travel to or from the Alcohol Safety Action Program and or any other ASAP related activities or other Program designated by the Court:

To or from VASAP

YES ☐ NO ☐

To or from AA/NA and any VASAP activities

YES ☐ NO ☐

To or from \_\_\_\_\_

YES ☐ NO ☐

Other Program

**EMPLOYER NAME/HOURS:**

(c) Travel during the hours of employment: YES ☐ NO ☐

**EMPLOYER #1:**

Name and Address of Employer:

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Phone Number of Employer: \_\_\_\_\_

Days of Week : \_\_\_\_\_

Hours: Leave home: \_\_\_\_\_ Arrive at Work: \_\_\_\_\_

Leave Work: \_\_\_\_\_ Arrive Home: \_\_\_\_\_

If more than one Employer, list the name, address, phone number of additional employer and hours requesting.

**EMPLOYER #2:**

Name and Address of Employer:

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Phone Number of Employer: \_\_\_\_\_

Days of Week : \_\_\_\_\_

Hours: Leave home: \_\_\_\_\_ Arrive at work: \_\_\_\_\_

Leave work: \_\_\_\_\_ Arrive home: \_\_\_\_\_

**SCHOOL:**

(d) Travel to and from school: YES ☐ NO ☐

**NAME OF SCHOOL:** \_\_\_\_\_

**ADDRESS OF SCHOOL:** \_\_\_\_\_

Days of Week classes are scheduled: \_\_\_\_\_

Hours: Leave home/work : \_\_\_\_\_ Arrive at school: \_\_\_\_\_

Leave school: \_\_\_\_\_ Arrive home/work: \_\_\_\_\_

**HEALTH CARE SERVICES:**

(e) Travel for health care services for: SELF ☐ ELDERLY PARENT ☐

YES ☐ NO ☐

Name and location of medical facilities:

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**IGNITION INTERLOCK, if applicable:**

(f) To operate a motor vehicle that is equipped with a functioning, certified ignition interlock system: YES ☐ NO ☐

**Vehicle Information to be equipped with Ignition Interlock Device**

YEAR	MAKE	MODEL	VIRGINIA LICENSE PLATE	STATE	COLOR

**TRANSPORTING A MINOR CHILD**

(g-1) Travel necessary to transport a **minor child** under my care to and from **School:**

Transport a minor child to and from School: YES ☐ NO ☐

Name and location of school:

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Dates and Times for travel to and from school:

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(g-2) Travel necessary to transport a **minor child** under my care to and from **Day Care:**

Transport a minor child to and from Daycare: YES ☐ NO ☐

Name and location of Day Care:

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Dates and Times for travel to and from Day Care:

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(g-3) Travel necessary to transport a **minor child** under my care to and from **facilities housing medical service provider:**

Transport a minor child to and from Medical Service Provider YES ☐ NO ☐

Name and location of Medical Provider:

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**COURT ORDERED VISITATION:**

(h) Travel to and from court ordered visitation with my child(ren):

Travel to and from place of location of child(ren) for court ordered visitation:

YES ☐ NO ☐

Name and Location of Child(dren)

\_\_\_\_\_  
Petitioner Signature**COURT USE ONLY****THIS WORK SHEET IS NOT THE COURT'S ORDER****A COURT ORDER IS REQUIRED IN ADDITION TO THIS WORKSHEET****THIS INFORMATION IS STRICTLY FOR PREPARATION OF THE  
RESTRICTED LICENSE**

Petitioner is granted a restricted license to drive a motor vehicle in the Commonwealth until \_\_\_\_\_ (specify specific date) or \_\_\_\_\_ (*until further order of the court*) for the purposes enumerated in the restricted license during which time he shall be subject to the supervision of the Virginia Alcohol Safety Action Program.

- |      |   |       |
|------|---|-------|
| (a)  | travel to/from your place of employment                                   | _____ |
|      | must carry work schedule  | _____ |
| (b)  | travel to/from VASAP  | _____ |
|      | travel to/from AA/NA and any VASAP activities                             | _____ |
|      | travel to/from other program designated by court                          | _____ |
| (c)  | travel during the hours of employment                                     | _____ |
|      | must carry work schedule  | _____ |
| (d)  | travel to/from school   | _____ |
|      | must carry school schedule  | _____ |
| (e)  | travel for health care services for _____ petitioner _____ elderly parent |       |
|      | health care service appointment card required                             | _____ |
| (f)  | ignition interlock  | _____ |
|      | until _____ the period of license suspension has ended or _____           |       |
| (g1) | travel to/from school for child   | _____ |
| (g2) | travel to/from daycare for child  | _____ |
| (g3) | travel to/from medical services facility for child                        | _____ |
| (h)  | travel to/from court ordered visitation                                   | _____ |

OTHER COMMENTS BY COURT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date approved by Court\_\_\_\_\_  
JUDGE